

BOARD OF SUPERVISORS

Brown County



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Guy Zima, Chairman

Erik Hoyer, Vice Chairman

MENTAL HEALTH TREATMENT COMMITTEE: AD HOC

Monday, July 27, 2016

12:30 p.m.

1st Floor Conference Room, Board Room A

Sophie Beaumont Building

111 N. Jefferson Street, Green Bay, Wisconsin

- I. Call to Order.
 - II. Approve/Modify Agenda.
 - III. Approve/Modify Minutes of April 15, 2016.
-
1. Discussion, review and possible action: Request that Brown County review its past and present mental health services and develop a more comprehensive plan to treat both short and long term mental health patients including but not limited to 1) alcohol and drug abuse detox and treatment; and 2) children, adolescent and adult mental health treatment.
 2. Discussion, review and possible action: Request that the Human Services Director and Brown County Sheriff work together to develop a plan to provide a treatment plan for prisoners who presently make up a third of our jail population.
 3. Report re: Sequential Intercept Mapping.
 4. Such other matters as authorized by law.

Guy Zima, Chair

Notice is hereby given that action by Committee may be taken on any of the items which are described or listed in this agenda. Please take notice that it is possible additional members of the Board of Supervisors may attend this meeting, resulting in a majority or quorum of the Board of Supervisors. This may constitute a meeting of the Board of Supervisors for purposes of discussion and information gathering relative to this agenda.

PROCEEDINGS OF THE AD HOC
MENTAL HEALTH TREATMENT COMMITTEE

Pursuant to Section 19.84, Wis. Stats., notice is hereby given to the public that an Ad Hoc Committee of the County Board of Supervisors met regarding Mental Health Treatment on Friday, April 15, 2016 in Room 365, Community Treatment Center, 3150 Gershwin Drive, Green Bay, WI

Present: Rebecca Lindner, John Gossage, Ian Agar, Erik Pritzl, Erik Hoyer, Luke Schubert, Judge Zuidmulder, Guy Zima

I. Call meeting to order.

The meeting was called to order by Vice Chair Hoyer at 12:08 pm.

II. Approve/modify agenda.

Motion made by Erik Pritzl, seconded by John Gossage to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

III. Approve/Modify Minutes of February 19, 2016.

Motion made by John Gossage, seconded by Erik Pritzl to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

- 1. Discussion, review and possible action: Request that Brown County review its past and present mental health services and develop a more comprehensive plan to treat both short and long-term mental health patients including but not limited to 1) alcohol and drug abuse detox and treatment; and 2) children, adolescent and adult mental health treatment.**
- 2. Discussion, review and possible action: Request that the Human Services Director and Brown County Sheriff work together to develop a plan to provide a treatment plan for prisoners who presently make up a third of our jail population.**

Both agenda items were taken at the same time. Hoyer asked for updates on the four initiatives. Human Services Director Erik Pritzl informed the mobile crisis expansion was approved by the Board. Family Services had already initiated recruitment prior to the approval but no offers were extended until after the approval. Right now the plan is to get to four mobile crisis counselors in addition to the previous staff, but as of today they are at about one. There has been some turnover of the new positions due to resignations as well as people who accepted positions but did not actually start. Family Services will continue recruitment and Pritzl is not that concerned, especially since it has only been about three weeks from approval. Since this is an expansion of current services, Hoyer asked if there will be specific training or if all staff will be cross trained to be interchangeable. Pritzl said new staff will receive the full crisis training required and then will also job shadow on the other pieces including phone training. Assistant Corporation Counsel Rebecca Lindner asked if Family Services intends to have dedicated mobile staff at all times so that the two regular people can remain in the building. Pritzl responded that Family Services has advised him that their goal is to be able to mobile out anywhere in Brown County within 30 minutes. In additional, they have mapped out their volume and are trying to get their staffing worked around that. The highest volume comes in the middle of the day and there is peak staffing for those hours.

Sheriff Gossage inquired about the contract with Family Service. Pritzl said the contract is one of the few 1/12 contracts being lump sum disbursed 12/12 each month. He said performance indicators like the 30 minute response time are the ones that Family Services said they could do, so if they are not performing, there is no financial ramification. Gossage said that as a board member of Family Services, he may bring up that people need to be hired since the County is paying for the services. Pritzl said the County pays 1/12 of the contract per month regardless of the number of staff and further, turnover issues have been happening at Family Services for a long time. Lindner felt it would be interesting to track this to see that people are being mobiled out since the money was earmarked for it. Gossage said he has talked to his officers to see if this is having an impact and was advised that they have not really seen it at a residence, but noted that Family Services is very reluctant to go to St. Vincent Hospital because they have to be invited but they are becoming more and more adept at

going to that location. Gossage said officers have been called out more to the hospital setting and this has helped law enforcement.

Pritzl continued that Family Services reports mobile contacts to him each month. He also talked about the issue Gossage brought up about Family Services having to be invited to St. Vincent and noted that St. Vincent is the only emergency room that does not allow mobile crisis in. Gossage has been told that if the requesting agent is St. Vincent and not law enforcement, they will allow it. Hoyer asked if there was anything that could be done to smooth this relationship. Pritzl responded that there is matter of interpretation at that facility and the liability questions is what they are concerned with. The Human Services Department is actively engaged with St. Vincent on this issue to find out what it will take to get the people into the emergency room and have them assessed so they do not have to leave the hospital and then go somewhere else to be assessed. Pritzl said they got an Attorney General opinion which pretty much left it open. They continue to work through this to try to address the hospital's concerns and Hospital Administrator Luke Schubert added that conversations have been had that DHS may support this as well.

Ian Agar arrived at 12:16 pm

Judge Zuidmulder arrived at 12:17 pm

The next part of the issue that was discussed was the detoxification services portion. Hoyer said this has been approval by the Human Services Committee and a press conference was held. This will be going to the full Board on Tuesday for final approval. Pritzl referred to the flow chart that was distributed at the last meeting and what they are currently working on is how the detoxification services are going to be used and Behavioral Health Manager Ian Agar is focusing on the incapacitation element. Pritzl said it is hard to sort out detoxification services and alcohol holds and not intertwine them as they are two pieces, but not always necessarily related. They are trying to get the focus on individuals who are incapacitated and trying to say that those are the services they will use for the situation. Agar agreed and said that when hospitals stopped doing alcohol holds for regulatory reasons, that was the gap that primarily needed to be filled. Past practice was that many people would come out to the hospital and the general consensus was that some people that were presenting as incapacitated weren't always incapacitated but it was just an expedient and convenient way to get somebody to take care of someone under the influence of alcohol. Agar continued that in developing the current protocol, they worked with Phil Steffen from the Jail as well as a Sheriff's Department representative and a representative from the Green Bay Police Department and what was clarified is that law enforcement has their own requirements in terms of what amounts to someone being incapacitated. There are a series of observations and questions that law enforcement goes through and as long as those protocols are followed, it is pretty clear who is intoxicated as opposed to incapacitated. Those people who are deemed to be incapacitated will present for medical clearance and then for detoxification. Individuals who are intoxicated do not belong in the hospital because they do not meet the criteria of incapacitation. Keeping them in the hospital would be a violation of their civil rights because they do not meet the legal definition of incapacity. Agar and his team are hoping that through judicious use of the 105 treatment episodes that are available that needs will be covered. Lindner said law enforcement does a good job of knowing the difference between intoxication and incapacitation since we have been three years without services, however, she feels details need to be worked out with Bellin because if they bring in someone who is incapacitated, not all of the people will go to detoxification. She felt there is a good grasp on law enforcement and crisis and homeless shelters looking at resources for intoxicated people which is positive, but felt that the details about if it is going to be actually detoxification or just holds for incapacitated people has to be figured out.

Hoyer asked Gossage if this gives any insight to people that come into the jail and whether they are intoxicated or incapacitated. Gossage responded that a lot of intoxicated people come into the facility, but not too many meet the criteria of incapacitation. His staff is familiar with the people that come in incapacitated. Judge Zuidmulder said because there has been a long gap between the availability of this tool he would urge a peer review and be sure that there is enough training

to do things right. He said experience is the best teacher and if there is enough experience we will get better at it, but he felt we should meet with the agencies after 90 days to see how everything is going. He thinks it would be unfair to the boots on the ground to not review it since it is a whole new thing we are asking them to do. Hoyer agreed and said this would give law enforcement depth and learning opportunity to make adjustments. Schubert said the same recommendation was made at an EM1 meeting with Bellin. Pritzl said adding Bellin into the work group that already exists would make a nice core group.

Pritzl continued that this is not an easy conversation because the intoxicated individuals who have been brought places in the past are not really the people we are trying to address. We are trying to address the situations where there is incapacitation and chronic problems and issues that interfere with rational thoughts. It is not about any blood alcohol levels, it is really about the assessment of the individual. Agar said that violent and threatening individuals would go to the jail. Pritzl said the CTC still will play a role in this for people with co-occurring conditions, but these people do not make up the majority of the population. Hoyer asked Gossage if he could estimate how many people in the jail have alcohol problems versus drug problems. Gossage responded that there are many people with alcohol addiction along with opioid addiction but said they do run across individuals that are identified as alcohol abusers that fit that model. He noted that law enforcement officers are not the professionals in making these assessments and can only go by best practice and what they observe.

Judge Zuidmulder asked if the detox center will take everyone or just alcohol. Pritzl responded that substance is not the dictator; the dictator would be if it is medically necessary to be in the facility or if there would be another appropriate option. Hoyer asked what other options would be and Pritzl said that it could be that if people are medically stable they do not need to be in the hospital and they could be sent to another setting, home or responsible adult or linked to outpatient services. Judge Zuidmulder said the jail is not the place to detox for a number of reasons and his concern is missing a chunk of the population that comes to the jail that ultimately should not be there because it is not the staff that can take care of them this and this has to be figured out. Gossage responded that Steffen has looked at that and through their classification system as well as observations by the officers they are able to identify those that are in need of services.

The day report center was discussed next and Hoyer said that it has been approved by the Human Services Committee and there was also a very nice press conference. This will go to the full board for approval on Tuesday and assuming it is approved, the RFP process will commence. Hoyer said everyone has looked at the description of services and are satisfied as to what they may provide and what we are hoping for. Pritzl said DA David Lasee led the work group on this and there was a good mix of people working on it. Pritzl noted the RFP is already drafted and ready to go out. Gossage added that this was discussed at the Criminal Justice Coordinating Board and Judge Zuidmulder will be working with Lasee to set up criteria for when and how the day report center will be used. Hoyer asked if the entirety of the judiciary appears to be on board with using the day report center as an option. Judge Zuidmulder responded that that they are and he did not anticipate any naysayers. Pritzl said one of the concerns is where the day report center will be located and noted that the respondee to the RFP will have to say where they propose to have the center.

The last part of the initiative is the transitional services and they continue to look at this. Right now they are trying to identify what the cost structure is and more specifically what the program cost is versus room and board costs and how it fits within the County's facility and other facility providers. Pritzl said they are down to a couple options he can see partners that would work on this and also where capacity can exist. It is now a matter of coming up with an expense that makes sense.

Hoyer recalled an earlier discussion about providing these services in the County facility. Pritzl said that is still in the mix and it gets into how the capacity can be used to the maximum benefit of the community as well as the financial resources and this intersects with some other evaluations of the facility. He noted there is a lot of benefit in looking at using the

County facility, but also noted there are other good options as well. Schubert added they are looking at the different options and getting close to a decision as to what strategically makes the most sense.

With regard to the residential transitional housing, part of what they are looking for is to have the availability to the treatment courts to use it so when the populations are being determined, Judge Zuidmulder would like to be sure that a piece is left available to allow people in the treatment courts to be ordered there. Pritzl said Agar is going to go to the uniform placement criteria and make sure that the placement supports the assessment. Agar agreed and said that provided someone meets the assessed level of care, they can be placed in a treatment or transitional AODA facility if that is the designated level of care. He said part of the equation is funding and Pritzl agreed and said some of the people in treatment court have the barrier of funding in accessing treatment. Judge Zuidmulder thought conceptually what the residential treatment program would be is the gate to the facility for someone to go to diversion. He said they have court on Friday and if someone is in crisis but cannot be moved to residential treatment because they have not had assessments and screenings, they are sent to the jail and he thought the whole purpose of this initiative was to avoid putting people in jail. Pritzl responded that a person still has to have a program decision to be in that level of care and if they put someone in the wrong placement they could be cited which could jeopardize the County's license. Agar added that each program has oversight by the Department of Health and Human Services and there are certain CBRF regulations that need to be adhered to. Judge Zuidmulder wanted to explain that there are community needs and if the structure is so rigid that the people who need to get services cannot get services he feels that he needs to create something outside of this and argue that money goes to something outside of this that is not incumbent with all the rules and regulations so people can get the help they need. Lindner said people in a treatment court would probably already have some of those AODA assessments done and asked if there would be certain crimes that would prevent someone from being approved for the transitional housing. Agar noted that there are different levels of assessment and being in the treatment court has a different process than what may be needed to go to the residential facility, but if they meet the criteria for the residential facility, they will go there. Judge Zuidmulder said if this is going to work the treatment courts should be working with the appropriate people to be sure that the people that are in the treatment courts are prescreened to the extent it can be done so that if the need arises, it is not a long drawn out process to get someone moved quickly when they are in crisis. Pritzl said if a judge is in a position where he thinks a person is a danger to himself or others and the only safe place is jail, there is a whole different situation occurring that needs more assessment.

Supervisor Zima arrived at 12:43 pm.

Judge Zuidmulder said what he is saying is that if someone has all of the issues that should be here, but he would be told that the County cannot take them because of all of the criterion, the only alternative would be to put them in jail. Pritzl said this would be butting solidly up against the right of someone to refuse treatment. Judge Zuidmulder continued that his whole understanding of the reason all of this reconfiguring is being done is to open up the ability of the beds to serve people in need, but now he feels he needs to be educated on what needs to be done so he can figure out how it is going to work. He said maybe it is not really a problem, but he wants to be sure that everyone is on the same page and stated that he and Supervisor Zima and others have been very supportive of this because it was thought that this would expand opportunities for use. If it turns out that we created all of this but we still can't get people in it because of the criteria, it could be a problem.

Supervisor Zima asked how to get around this. Pritzl responded that the state Department of Health Services regulates facilities and there is no way around it. The DHS says that uniform placement criteria must be used to determine whether a person is appropriate for a level of care. Agar added that if someone presents in crisis, they are either going to go to Nicolet Psychiatric Center, or, if it is a medical emergency, they will go to a medical hospital. From there, once someone is

stabilized medically, the individual can have an AODA assessment. The AODA assessment is the second part of the assessment and the counselor makes a determination as to what level of care the person needs. As long as they meet a particular level of need, the counselor can then make a recommendation that the person go to that level of care, whether it be an outpatient program, or a residential treatment program; whichever level of care is deemed to be appropriate and this is both a medical and clinical determination.

Judge Zuidmulder said his understanding was that half of the 10 beds would be filled based on what Agar just explained but the remainder of the beds would be for people who cannot get into diversion for whatever reason, but clearly need to have this kind of immediate intervention. He is concerned because if now there is a single monolith being created of which all of these things have to happen, he does not know how useful that will be to the treatment courts because he does not know if all the criteria will be able to be met. Judge Zuidmulder said if that is the sole issue maybe going to Madison to talk to the legislature and Governor to get some sort of waiver would be appropriate. Zima felt there has to be some way around this and if it is not resolved the support of the County Board will be lost. He said the Board wants action taken when it is needed. Zima did not see any reason to have empty beds when there are people who can use them. Pritzl responded that they cannot just put people places. There has to be some way of determining this. Lindner stated the Judge can make it voluntary by saying if you want to be in the treatment court, go to the program and if you don't want to be in the program, go to jail.

Pritzl said if a person is supposed to go to diversion but diversion is full, Bay Haven is the same license as diversion. Schubert added that a person could voluntarily get into the CBRF and would have to go through an assessment to get into a program within the CBRF. Judge Zuidmulder said he does not understand this because people can be ordered to participate in programs and they can be successful. He said a Circuit Court Judge he can order someone to go to the facility and he is asking if his order would not get the people admitted. Schubert responded that he was under the impression that what was being talked about is a voluntary admission but there may be an option that is voluntary versus court ordered but the gateway would still be voluntary. Judge Zuidmulder said that he is not so concerned about how they get there, but just that they get there. He felt that if he tells people that they either go for treatment voluntarily or sit in jail, they will go for the treatment; he just wants to be sure that the service is available. Pritzl said Judge Zuidmulder could do exactly what he described and give people the choice of doing this instead of that. Judge Zuidmulder wanted assurance that the Sheriff's Department would be notified immediately if people walk out of the facility because the moment they walk out there will be an apprehend forthwith bench warrant. He wants to be sure that people do not just come here to appease the Judge and then walk away and do something that is troublesome to public safety. Judge Zuidmulder said the population being talked about all chatter between themselves and if they think that they can come to the CTC and sign in to avoid going to jail and then walk out later in the day and have the weekend to do what they want to do, the whole system will collapse very, very quickly. However, the first one who does this and goes to jail should solve the problem.

Pritzl said this is very good conversation for him and Schubert to hear. He said they have two different regulatory models. There is a transitional residential treatment model which requires a detox stay before admission. With what the Judge is describing, there would be prohibition on the flexibility which would be an issue. There is another model that would make more sense. Judge Zuidmulder said there also needs to be conversation about the fact that this state is on the cutting edge with regard to treatment courts and doing everything we are talking about. He is satisfied that if Brown County brings an explanation to the public officials who serve in the legislature and the Governor's office of how we want this designed to address this population, visive a court order, he thinks legislation would be passed in a heartbeat in both houses and by the Governor. The conversation would be that the professionals see what is standing in their way but they can see that this system would be useful and explain how the system needs to be in place to allow this population not to go through all the hoops. Pritzl would have that conversation with the person in the room and noted that at some point that person has the right to talk about what they want to happen as well and Pritzl said that what is missing is determining what will get a person to engage in treatment. Judge Zuidmulder said that if someone is mentally ill, it should not be assumed that they

know what they should be doing. Further, it is his opinion that if they are violating the law and are creating a problem in the quality of life and public safety, they forfeit that. The whole purpose of all of this is to move from the notion that they get thrown in jail, but we should also not be faced with a system that is thinking solely about a rational person and what a rational person should do and does not address the populations that law enforcement and the Judge has to deal with on a daily basis. Judge Zuidmulder said that they are talking about people whose characteristics have exacerbated to the point where there has had to be a legal intervention and they have been convicted of a crime for which they could forfeit all their personal liberties, not the people who are thinking rationally. Agar was glad to hear the Judge say this because when we talk about patients that have admissions to hospitals and access to treatment, they think of them in different categories. There are patients that are ordered to treatment, but there are other patients that they deal with on a voluntary basis. In order to provide treatment to those people, they need an informed consent which means that the person has to know the advantages and disadvantages of treatment and they have to agree to them. Agar said that they cannot force someone on a voluntary basis to be treated. Zima asked if a court order would trump this. Agar responded that there will be people that Judge Zuidmulder has jurisdiction over to order to treatment. Pritzl said the question is how someone can be coerced to go to treatment legally; whether it is criminal conviction or if it would be a Chapter 51 situation. Judge Zuidmulder said that this will require a lot of conversation and he is seeing that the people in the mental health services area are focused on a clientele and a way of doing business. But now what they're being impacted on are public funds being made available for another population that has to be addressed, similar to a round peg in a square hole. Judge Zuidmulder said that it does not sound to him that they want to use the money for what the community is excited about. He said that that is no disrespect to the people being discussed and Zima added that we are not here to subsidize the other operation; we are here to fund a new program.

Zima felt somewhere along the line society has to figure out how to get things done and the current bureaucracy is anti-helping society. He said this is something new and they are trying to solve the situations for the troubled population and these are people who are already under the force of law because they have been arrested for something. These are people in the system and county services are being contracted to fulfill the need. Zima told Pritzl to do whatever has to be done and it will be passed. He does not want to listen to this over and over because people will lose interest. He wants them to find a way to get done what needs to be done. If changes to the State law need to be made, Zima wants to know so they can work on it. He said that what he is talking about is having the treatment be the punishment for these people in need and Zima is hoping that from that treatment people are kept out of jail and make more productive citizens. He knows that they will not all be success stories, but some of them will be successful and those are the ones that make him feel good and keep doing the things he's doing. This is the first step and he is happy to be re-elected so he has two more years to help build this program up. Pritzl said that everyone seems to have the same broad big goals, but noted that they are just getting started on something that they have not done before to try to see how it fits with the facility and how the needs can be addressed to get started. Zima wants Pritzl to find solutions and not roadblocks. Pritzl responded that they are finding solutions by getting over the roadblocks that they know exist.

Lindner said she is pretty involved in this system and would like more concrete examples of what populations are being talked about and exactly what the Judge wants and what the treatment people want. Judge Zuidmulder said that diversion has been the most useful tool he has, but there are a limited number of resources and a limited time period. People are leaving diversion not because they are necessarily ready, but rather because there is a specific amount of time they can be in diversion and then they are out. His understanding of the extra beds was that it would be an additional tool to be used to fill that problem. When people move out of diversion, many times they are homeless. Judge Zuidmulder said that the treatment court team determines a person is in crises and needs to be monitored and have treatment, but at the end of the period of time, they have to leave and they have not been satisfied that when they are leaving they are ready. He thought that the beds being talked about would be used to move people from the diversion into the other beds. Agar informed that they have to follow state regulations which say that a person needs to be there as long as needed to stabilize them which could be hours or days or weeks, but typically not months. What Zima wants is the follow-up care. Agar said that follow -

up would be linkage with services such as AODA counselors, an outpatient program or an inpatient treatment. He asked if the need is housing or treatment or both and Zima and Judge Zuidmulder said that both are needed. Judge Zuidmulder said that if a program is created that cuts off the kinds of things he is talking about, he cannot support it because it does not do any good and he does not think funding will continue.

Pritzl said the discussion on transitional housing was to talk about what to do after detoxification, separate from the treatment court. Judge Zuidmulder recalled hearing about 15 additional beds and it was communicated to him that those would be the beds available to the treatment courts, but now it seems like it is different. Now it seems like these beds are all for a single population and have a single criteria and can only be used on that basis. Judge Zuidmulder is not comfortable with this, because that is not what he thought was going to happen. Pritzl said that they can look at this and noted that you can have multiple program certifications in the same facility but it would have to be figured out how to move people within those programs to determine that the person is in the right place and in the right program. Judge Zuidmulder felt that everyone has the right desires, but need to have more intense conversations about the criteria to be sure that the people who are supporting these services are in fact having access to them. Zima reiterated that Pritzl just needs to tell him what he needs and he will try to do it. Pritzl added that he is also interested in meeting the needs of the treatment court population. Judge Zuidmulder felt that it is public support which Human Services needs to encourage and to generate as much as they can and they can only do that by partnering and being sure that the people in the community looking for flexibility and openness know that their needs are being met and addressed. He felt that if we get to the point where neither Judge Zuidmulder nor Zima understand how anyone they think should be in the facility can get in, it will not be good. Zima said that Pritzl and his team need to make the most of this and the best advocates are right in this meeting. He said that there is a window of opportunity to do something and it should not pass. Zima said that this is a mission for Judge Zuidmulder and himself and they want to solve the problems. If there are bureaucratic problems that need to be handled at the State level, then they can start working on that. Zima really wants to do a lot more than what they are talking about and said there also needs to be a way to handle people who have problems but are not arrested.

Pritzl asked what will be done when someone is no longer cooperating with their treatment plan and does not want to be there anymore. He wants to make sure that they are not going to continue to house them with no treatment occurring. Judge Zuidmulder explained that what would happen is the person will come before the Judge and someone from Human Services will be involved, and then a decision will be made. If the person promises to go back for treatment, they will be sent back and Human Services will keep the Court advised of progress. If there is no progress, the person would come back before the Court and if they need to be terminated from the program, they will be terminated and they would go back to prison or jail. Pritzl said that this eases his mind. Agar said that one of the things he hears over and over is that some years ago Brown County used to have a facility where people with mental health conditions or AODA situations could be provided supportive services by case managers who assisted them and pointed them in the right direction to lead productive lives. This was an unlicensed venue and was county owned and funded so there were no state or federal dollars involved. What he hears over and over is a desire for someone to have a place to live and he feels that this is what is lacking in the continuum of care because there are places for people to get treatment but sometimes the issue is where a person can reside, but diversion is not that place. Diversion is intended for short-term stabilization to get them back on their feet quickly and then send them back home. It is Agar's opinion that there needs to be a catchall place for people to go when they are still looking for employment or when their economic situation is questionable and that place is not a licensed treatment facility. Judge Zuidmulder said that he is not advocating that people come to diversion because they have no housing as that would be a tremendous insult to the staff as well as the community resources. He felt that what Agar has described is a continuing social issue which affects not only people in the treatment courts, but every offender and every person coming out of prison. Judge Zuidmulder said that this is a separate social problem which plagues him and the other treatment court judges every week. He would like to solve the current problems they are talking about, and then maybe they can solve the housing problems in the future, but right now the housing problems have nothing to do at all with what he is asking the Human Services Department to do. Judge Zuidmulder asked for the benefit of Human Services to set the

housing issues aside and not let their opinion of what is being done be clouded by the fact that it is interpreted as being housing, because that is not what it is.

The next meeting date was discussed and May 16 at noon was set. The meeting will be held at the Sophie Beaumont building.

Motion made by John Gossage, seconded by Erik Pritzl at 1:26 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Alicia Loehlein	Therese Giannunzio
Recording Secretary	Transcriptionist



**SAMHSA'S
GAINS**
Center for
Behavioral Health and
Justice Transformation

Sequential Intercept Mapping Report – Brown County, WI

Prepared by: Policy Research Associates, Inc.

Brian Case, MA, Senior Project Associate, Policy Research Associates

Connie Milligan, LCSW, Senior Consultant, Policy Research Associates

Acknowledgement

The GAINS Center wishes to thank Brown County Human Services Department for the assistance with the coordination of this event.

Introduction:

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, Inc. (PRA), is known nationally for its work to improve outcomes for people with behavioral health needs in the justice system. On October 21, 2015, the GAINS Center released a solicitation requesting applications from communities interested in developing integrated strategies to better identify and respond to the needs of justice-involved adults with co-occurring mental and substance use disorders. The 2015-16 solicitation targeted communities that were focusing on Intercepts 1 and 2 as discussed below. The GAINS Center selected six of the 75 applicants to receive the Sequential Intercept Model for Early Diversion workshop, including Brown County, WI.

Background:

The *Sequential Intercept Mapping workshop* has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention and Initial Court Hearings, Jails and Courts, Re-entry, and Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

The participants in the workshops represented multiple stakeholder systems including mental health, substance abuse treatment, health care, human services, corrections, advocates, individuals, law enforcement, health care (emergency department and inpatient acute psychiatric care), and the courts. Brian Case, MA, Senior Project Associate and Connie Milligan, LCSW, Senior Consultant for SAMHSA's GAINS Center for Behavioral Health and Justice Transformation and Policy Research Associates, Inc., facilitated the workshop session.

Approximately 35 people were recorded present at the Brown County SIM.

GAINS Sequential Intercept Mapping

AGENDA

Brown County, WI
Day 1: May 17, 2016

8:30 Registration and Networking

9:00 Openings

- Welcome and Introductions
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

What Works!

- Keys to Success

The Sequential Intercept Model

- The Basis of Cross-Systems Mapping
- Five Key Points for Interception

Cross-Systems Mapping

- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities

- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

Wrap Up

- Review
- Setting the Stage for Day 2

4:30 Adjourn

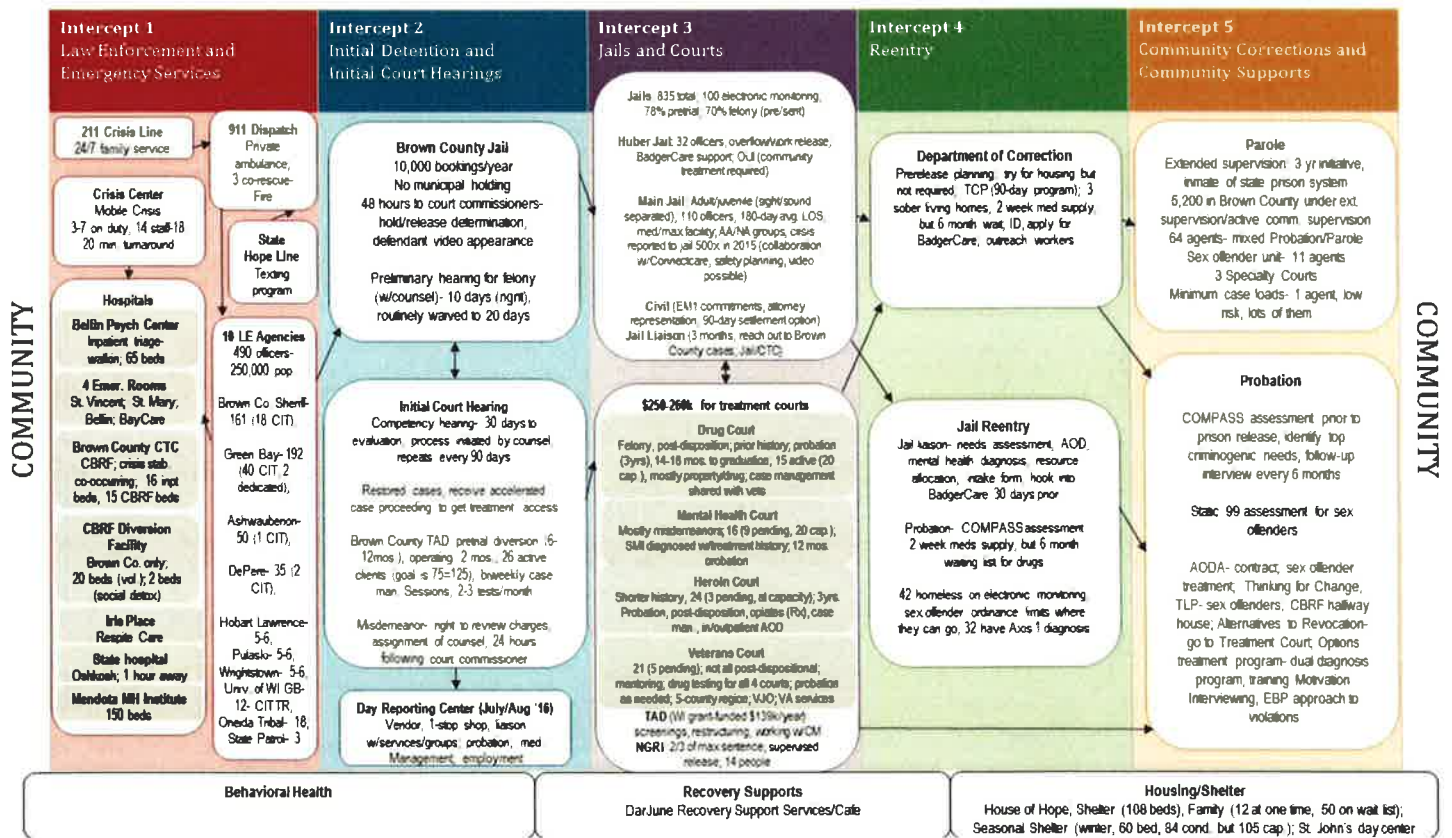
GAINS Sequential Intercept Mapping

AGENDA

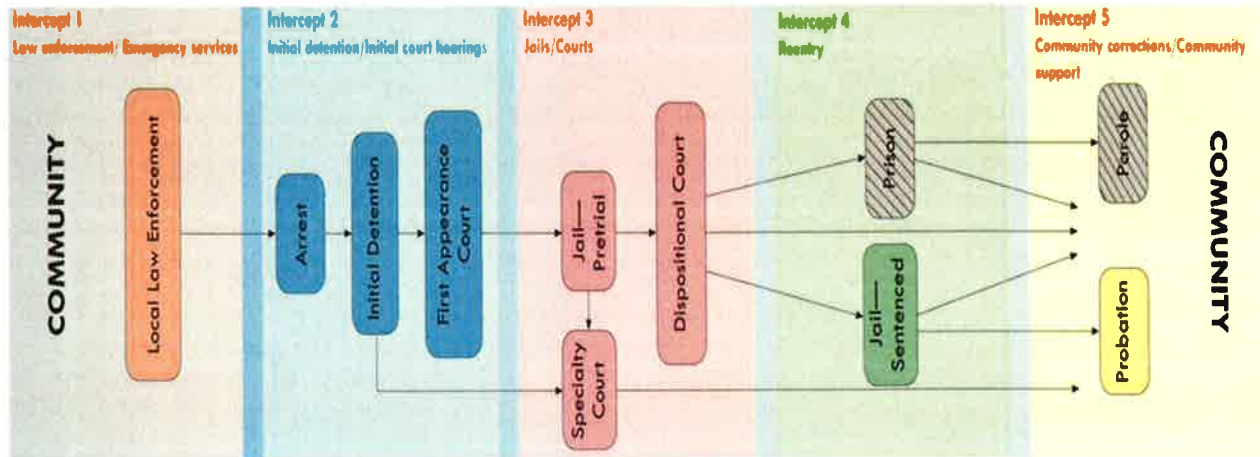
Brown County, WI
Day 2: May 18, 2016

- 8:30 Registration and Networking**
- 9:00 Opening**
- Remarks
 - Preview of the Day
- Review**
- Day 1 Accomplishments
 - Local County Priorities
 - Keys to Success in Community
- Action Planning**
- Finalizing the Action Plan**
- Next Steps**
- Summary and Closing**
- 12:30 Adjourn**

Brown County, WI Sequential Intercept Map



Intercept 1



Resources

- A 24/7 crisis line is available
- There is an associate agreement between 211 and crisis
- There is a 24/7 crisis center and a mobile crisis unit
 - 14, increasing to 18; 3-7 per shift for center and mobile crisis
 - With a 20-30 minute turnaround
- Bellin Psychiatric Center is a 12-county 65-bed inpatient center with crisis walk-in
 - Voluntary and involuntary
 - Law enforcement does not bring people to Bellin without medical clearance
- Brown County Community Treatment Center (CTC)- psychiatric hospital with 16 beds
 - A third of admissions are from outside Brown County
- A community-based 20-bed residential facility is operated by Innovative Services (Diversion)
 - Available pre- or post-crisis
 - Social detoxification (living room)
- Crisis stabilization, largely a step-down from psychiatric hospital
- Iris Place: a peer-run respite in Appleton (neighboring community)
- Emergency detention (EM1) goes to Crisis- Bellin, CTC
 - Rarely use state hospitals in Winnebago or Mendota State Hospital
- A shelter operates a day center

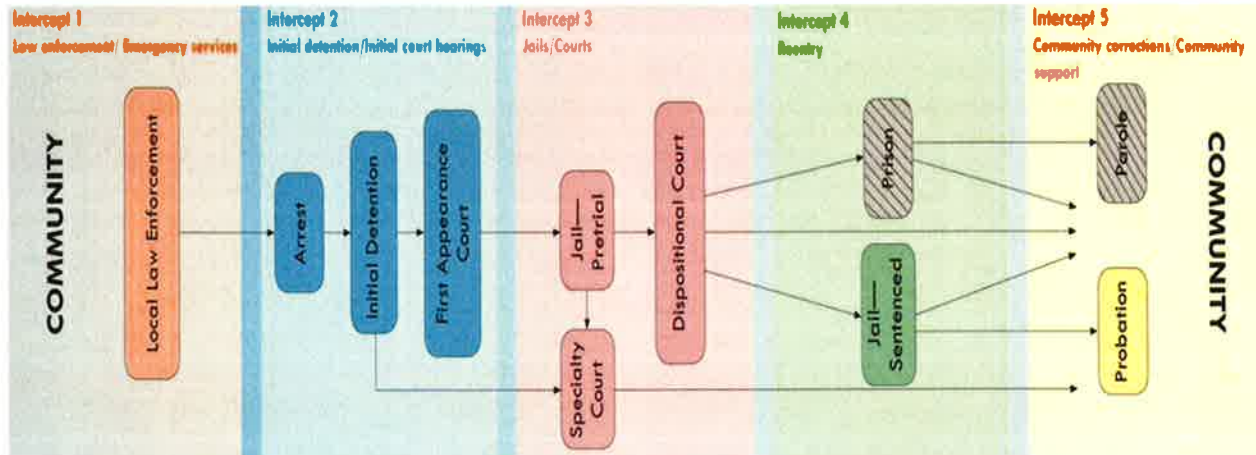
Sequential Intercept Mapping Report – Brown County, WI

- Fire and private EMS services
- CTC may handle detoxification if a person has primary mental health problems (co-occurring disorders)
- County Resource Center
- Veteran crisis line

Gaps

- Minimal training of dispatch
- Opportunity to coordinate 911 and crisis information-sharing during crisis calls
- 10 different law enforcement agencies in Brown County: Brown County Sheriff's Office (161, 18 CIT), Green Bay Police Department (192, 40 CIT, 2 PTE until 8/2016), Ashwaubenon (50, 1 CIT), DePere (35, 2 CIT), Hobart Lawrence (5-6), Pulaski (5-6), Wrightstown (5-6), University of Wisconsin-Green Bay (12), Oneida Tribal (18), State Patrol (3 in County)
 - 490 officers for 250,000 population
- Provider shortage, especially for psychiatrists
- Two state hospitals are serving the entire state
- Medical clearance is conducted by emergency rooms (crisis cannot conduct medical clearance)
 - There are different definitions of medical clearance
- Four emergency rooms: St. Vincent, St. Mary, BayCare, Bellin
- St. John's homeless shelter is overcapacity
- Lack of communication between crisis and emergency rooms concerning crisis cases/assessment
- Brown County Sheriff's Office picks up the cost of EM1 transports for out-of-county individuals, rather than the county of residence; Human Services pays for the hospital costs, but law enforcement transports

Intercepts 2 & 3



Resources

- One jail: Brown County
- Court Commissioner oversees initial appearance of misdemeanor cases, which occur within 48 hours. Felony cases are arraigned within 10 days (unless waived to 20 days) to allow time for attorney appointment.
- Attorney can ask for a competency hearing
- Evaluation is done in jail and takes 30-90 days
- The judge orders the defendant to the state hospital to restore competency
- Competency commitment can last up to 12 months- charges are dropped if a defendant cannot be restored.
- Jail's booking software can be updated by staff to add or remove questions. The jail screens for mental health/substance use/suicide ideation.
- Training of jail personnel on mental health issues
- Safety cells/classification
- Treatment Alternative Diversion has a connection for services and began two months ago
 - Six to twelve month period
 - 26 active clients
 - Case management
 - Urinalysis administered 2-3 times per month.

Sequential Intercept Mapping Report – Brown County, WI

- Brown County jail: 2 facilities- Huber and Main
 - 10,000 bookings in 2015
 - Male jail: 110 staff
 - Huber: 32 staff
 - 735 in custody, plus 100 on electronic monitoring (inmates with the lowest classification level)
 - 30-day average length of stay; going up to 180 days; book and release brings it down
 - Heroin, meth, and human trafficking has changed the population
 - Main jail- medium and maximum security
 - Hubert- overflow and work release; most people are low security
 - CorrectCare Solutions- vendor- 40 hours, good meds, telepsychiatry (once per week)
 - 24/7 housing
 - 1,288 face-to-face encounters on 32-hour contract
 - Good relationship with Health Service Liaison
 - Formulary for psychiatric medication
 - 30% are on psychotropic medication
 - A lot of substance use problems
 - AA/NA-
 - Recovery journey for women
 - Badger Care Center
 - NAMI- CIT/training
 - Jail liaison- housed two days at jail and three days at CTC (Neko- jail liaison)
 - Volunteers to jail have to have a four-hour training (Brown County Chaplains Association helps)
 - Vivitrol shot- release to see provider
- Court:
 - Drug Court- older and more criminal thinking
 - 3 years' probation- condition
 - 14-month average graduation
 - 15-active/capacity is 20
 - Crimes- nonviolent offenders (property, forgery, theft)
 - Heroin/opiates- often not offender, population is younger/more functional, probation 3 years- treatment
 - case manager services

- CBT- Thinking for Change, Probation Services, seen weekly by Probation, 5-phase structure/2 Case Managers for Drug Court
- Mental Health Court- drug testing, case management, Sheriff's Department does drug tests, 16 participants
 - Mental health diagnosis with history
 - Mostly misdemeanors, on probation 12 months, flexibility
 - Not as strict with sanctions
 - No peers at this time
 - Treatment coordinator: screening, treatment plans, pretrial diversion. TAD grants from state funds \$130,000/year- hope to add more Case Managers
 - Judge: quarterly meeting- stats, cost, communication with decision makers, to substantiate County only funding. \$250,000 from County levy.
- Veterans Court- regional 4-5-county court, not on Probation, misdemeanor/felonies, mentors, and peer support. Two participants- services through the VA
- Supervised release- state- determines when stay petition to be released early. Only three in ten years; 14 in Brown County
- Civil Commitment System- if dangerous to self/others; under the program until someone says he/she is no longer eligible; receives an attorney after so much time, stay in system until there is a psychiatric evaluation and then hearing to testimony. If the person is not considered dangerous, he will go to treatment.

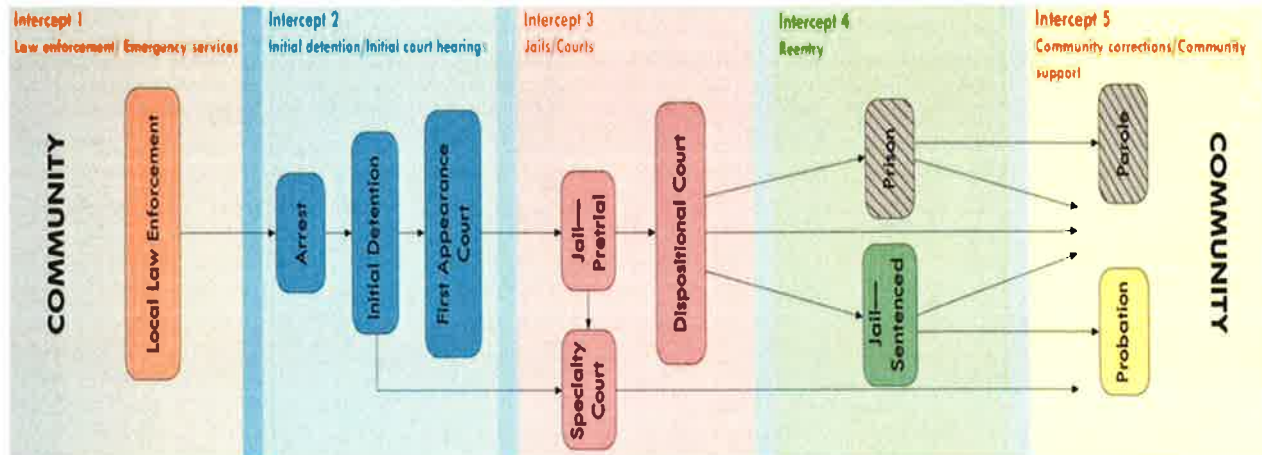
Gaps

- The overuse of Order of Competency (25-30%) delays the process, resulting in longer jail stays
- Nothing is currently done regarding competency information once discovering that serious and persistent mental illness (SPMI) exists
- In certain instances, DA should consider whether defendants with questionable competency should be referred to mental health court. Alternatively, a competency court could be established to supervise and treat such individuals following the Seattle Competency Court model.
- Court Commissioners are county employees and the Judges are state employees
 - Need for additional cross-training
- Video first appearance
- Plans to open a day reporting center. Looking for building, case manager, job search, community supervision, group counseling, screening and assessment, medication management. Bidding

currently under way. \$1.2 million dollars are appropriated by the County for the entire initiative, with \$350,000 for the day reporting center.

- There are no peer support services in the jail
- Probation change and synthetic
- Multiple civil commitment procedures in Brown County. EM1 is the most used option, where law enforcement initiates a commitment. Three-party petitions to corporate counsel are not processed by the court, despite being a legal option.

Intercepts 4 & 5



Resources

- Jail liaison (a newly created position) works with inmates to identify basic needs; alcohol/other drug diagnosis (AOD) or mental health diagnosis; transition planning; created an intake form
- Economic support connects people with entitlements and BadgerCare Plus 30 days prior to release
- Two-week supply of medication is provided at release
- Individuals are released from WI DOC with two week bubble packs and state identification
- WI DOC Community Corrections division responsible for supervising individuals on probation or parole sentences in Wisconsin.
- Community Corrections conducts in-reach into DOC prior to release. Try to connect with housing and sober living. Brown County has more options for DOC releases compared to surrounding counties.
- Family services are available for females released from DOC and their families.
- 5,200 people are under institutional and community supervision on mixed caseloads in Brown County.
 - Units: sex offender, treatment court, minimum classification

- COMPAS assessment is administered by a Social Worker prior to DOC release and case reviews every six months in the community. The Static99 assessment is given in sex offense cases
- Community Corrections contracts for services including substance use treatment, Cognitive Behavioral Therapy (CBT), and a regional psychologist
- Contracts for community-based facilities as an alternative to revocation
- Community Corrections refers people to treatment court as an alternative to revocation

Gaps

- There is a six-month waiting list to see a psychiatrist in Brown County. There are emergency slots available for high-risk individuals (dangerousness).
- There is a prescriber shortage, not just psychiatrists and LPNs. Should consider use of telepsychiatry.
- People released from jail have a high rate of homelessness. These individuals may get screened out of the new shelter for previous violent history, sex offense, or substance use issues. St. John's is only open during the winter. The shelter, when open, is the only "housing" option for people released from jail or prison.
- There are 42 sex offenders on GPS supervision without housing in Green Bay. Thirty-one of them had a mental health diagnosis.
- Inability to address organic and traumatic brain injuries within behavioral health settings.
- Community supervision does not provide behavioral health training for agents.

Priorities for Change as Determined by Mapping Participants

- 23 votes- Increase housing options for vulnerable populations, serious mental illness, and justice-involved individuals
- 21 votes- Reduce six-month gap in access to a psychiatrist/nurse practitioners
- 15 votes- Improve implementation of peer support, recovery coaches, and funding
- 12 votes- Increase use of medication assisted treatment (MAT)
- 8 votes- Partner external resources with crisis (expanded resources; pre-crisis services)
- 6 votes- Explore options for Intercept 2 diversion
- 6 votes- Explore coordination and use of involuntary standards
- 4 votes- Reduce stigma associated with behavioral health and criminal justice
- 3 votes- Improve information-sharing services
- 2 votes- Continuity of care across service providers

Parking Lot

- Carve-out/managed care issue
- Sheriff's Department picks up cost of EM1 transports and law enforcement costs for out-of-county referrals for emergency room/detox/medication and out-of-county placement
- Sex offender law is very restrictive
 - Cannot reside within 1,000 feet from schools and homes with children

Committees

- Mental Health Task Force
- Criminal Justice Coordinating Board
- Basic Needs Group- law enforcement, human services, hospitals
- EM1 Committee
- Ad Hoc Mental Health Committee
- Mental Health Connection Steering Committee
- Bay Area Community Council Health Issues Group
- Brown County Substance Misuse
- Brown County Coalition for Housing

Recommendations

RECOMMENDATION 1

BROWN COUNTY HAS DEMONSTRATED A SIGNIFICANT COMMITMENT TO IMPROVING THE LIVES OF PEOPLE WITH MENTAL AND SUBSTANCE USE DISORDERS, INCLUDING THOSE INDIVIDUALS WHO COME IN CONTACT WITH THE JUSTICE SYSTEM. AS A RESULT, THERE ARE MANY COMMITTEES AND TASK FORCES WORKING TO IMPROVE THE COMMUNITY'S RESPONSE TO ISSUES AT THE BEHAVIORAL HEALTH/CRIMINAL JUSTICE INTERFACE. BROWN COUNTY REPRESENTATIVES SHOULD EXPLORE THE POSSIBILITY OF CONSOLIDATING SOME OF THESE COMMITTEES TO ADDRESS THESE ISSUES AS A COORDINATED GROUP.

RECOMMENDATION 2

CONDUCT A PROCESS EVALUATION AND ESTABLISH PERFORMANCE MEASURES FOR THE RECENTLY IMPLEMENTED JAIL LIAISON PROGRAM AND THE DAY REPORTING CENTER THAT IS UNDER DEVELOPMENT. THE PROCESS EVALUATION SHOULD EXAMINE WHETHER THE PROGRAMS WERE IMPLEMENTED AS INTENDED. PERFORMANCE MEASURES SHOULD BE USED FOR ROUTINE MONITORING AND OVERSIGHT PURPOSES.

RECOMMENDATION 3

CONTINUE TO INCLUDE AND BUILD UPON THE WORK OF THE FAMILY MEMBERS WHO HAVE SHOWN SIGNIFICANT INTEREST IN COLLABORATING TO IMPROVE THE CONTINUUM OF CRIMINAL JUSTICE/BEHAVIORAL HEALTH SERVICES. MANY COMMUNITIES HAVE FOUND FAMILY MEMBERS AND PEOPLE WITH LIVED EXPERIENCE TO BE THE MOST EFFECTIVE "VOICES" IN BRINGING RESOURCES TO A COMMUNITY.

RECOMMENDATION 4

EXPAND FORENSIC PEER SUPPORT AND RECOVERY COACHING OPTIONS TO PROMOTE RECOVERY FOR JUSTICE-INVOLVED PEOPLE WITH MENTAL AND SUBSTANCE USE DISORDERS, FROM CRISIS-RESPONSE STRATEGIES TO REENTRY. MANY COMMUNITIES HAVE FOUND THAT PEER SPECIALISTS AND RECOVERY COACHES WITH A PERSONAL HISTORY OF INVOLVEMENT IN THE BEHAVIORAL HEALTH AND JUSTICE SYSTEMS ARE EFFECTIVE AT ENGAGING PEOPLE WHO HAVE PREVIOUSLY RESISTED OR HAD POOR EXPERIENCES WITH TRADITIONAL BEHAVIORAL HEALTH SERVICES.

RECOMMENDATION 5

EXPLORE USE OF TELEPSYCHIATRY TO REDUCE THE WAITING PERIOD FOR ACCESS TO PSYCHIATRIC SERVICES. GRANT RESOURCES MAY BE AVAILABLE SUPPORT TELEHEALTH SERVICES, SUCH AS FROM THE HRSA TELEHEALTH NETWORK GRANT PROGRAM.

RECOMMENDATION 6

INFORMATION SHARING AND UNDERSTANDING STATE AND FEDERAL HEALTH PRIVACY LAWS WERE IDENTIFIED GAPS AND WHILE NOT IDENTIFIED AS A PRIORITY, THERE WAS SUBSTANTIAL DISCUSSION OF HOW RESTRICTIONS IN INFORMATION SHARING INHIBITED COLLABORATION AND AGENCY COORDINATION.

Brown County, WI Strategic Action Plan

Priority Area 1: Increase housing options for vulnerable populations, those with serious mental illness, etc.

Objective	Action Step	Who	When
Safe housing for all (goal)	Collect data on the homeless population from the private groups who serve them	Homeless and Housing and DOC input to Karen Michaels (Golden House) -Micah? -Options for Independent Living?	Discussion at Basis Needs 6/15/16
Better coordination of available housing	Public (Funnel) clearing house face-to-face with good leader Identify barriers to housing	Educate Residency Board with recidivism with partners (Joshua)	
Keep housing available	Case management, daily living skills, transportation	Case Manager or Mentor UW Extension	
Education and awareness	Create more housing Housing First	Better relationships with landlords Create alliance with landlords/banks	

Sequential Intercept Mapping Report – Brown County, WI

Priority Area 2: Reduce the six-month access/wait to prescribe for psychiatric services

Objective	Action Step	Who	When
Improve access to prescriber to eliminate the wait list (in past years, the list has gone from 400 to 159; continue this)	1. Explore other ways to manage psychiatric needs and assessments. To expedite access when obtaining previous records- currently utilizing a mental health professional to complete bio-psycho-social assessments, reducing the wait	Ian	In-process
	2. Develop a system to track and understand access needs for those coming from jail. Create/build/implement a system of seamless information sharing to avoid disruption	Neko	In-process
	3. Block times in therapist schedule to manage emergency appointments to consider expediting access to psychiatric services when identified	Ian	In-process
	4. Community education of the process to access care/walk-in capacity- consider creating a process flow and sharing (Probation/Parole, law enforcement, elected officials, hospitals, ADRC)	MHO with County Eliza & Bob Kramer	Look to expand
	5. Explore expanding medication management groups for specific population	Eliza & Ian	
	6. Explore having psychiatric staff consult with primary care physicians to shift stable cases away from specialist	Suzette D.	7/1/16
	7. Explore telepsychiatry options	Suzette D.	7/1/16
	8. Consider contracting with other psychiatric groups in town	Ian	
	9. Review existing psychiatric cases to consider transfer to PCP	Ian Ilan	2017
	10. Explore possible incentives/recruitment for existing staff to get certified as ADNP	Ian	
	11. Be sure to utilize services from VA if person is an honorably discharged veteran	Everyone	

Sequential Intercept Mapping Report – Brown County, WI

Priority Area 3: Increase peer support and recovery coaches

Objective	Action Step	Who	When
Identify peer support program NAMI- Mental Health The Gathering- Mental Health Veterans Mentors Dar-June-AODA State Network- WI Association of Peer Support Specialists	Awareness of peer support Advocate for agencies to hire Educate about what peer support and recovery coaches do	Green Bay Mental Health Task Force Basic Needs	Three month presentations
Sustainability	Explore what's billable Grants-donations Collaboration	EM-1 Drug and Alcohol Task Force Nancy Fennema, Dep. Director, Human Services	Possible funding
Talk with agencies who have experienced peer support on staff	Possible scholarships offered by agency for training \$1500- peer support mental health DVR funding?	NAMI Gathering Place Dar-June Helios	Three months
Presentations by community groups	JOSHUA, etc.		

Sequential Intercept Mapping Report – Brown County, WI

Priority Area 4: Medication Assisted Treatment (Across county/agencies)

Objective	Action Step	Who	When
What? Who? How much? Need? What needed...?	Methadone Vivitrol / Naltrexon (oral) Suboxone Antabuse... Labs Drug testing Physician capacity Nursing time to administer injections Liability- doctors/productivity Money to pay for medication Therapist capacity	QAM Prevea/VA? BPC (1 provider) Oneida BH	Current- O/G Pilot (around 3-5) P & P (around 10)
Number in jail- opiate addicted? NARCAN- availability at CTC? Efficacy of MAT?	Medicaid insurance- co-pays, co-insurance, Pts with no funding		
Level of need (study)		MHC BC- Alcohol and Drug Task Force	
Efficacy of treatment- EBP, other challenges, literature search, psychiatric interviews/prescribers		Ian University Hospital system (Rodgers...)	
Level of resource need? Funding available for medication			
Current resources available or needed?	Housing?		
Report on findings		Jail, Hospitals, County, Crisis, Probation/Parole, Other	

Sequential Intercept Mapping Report – Brown County, WI

Priority Area 5: Partner external resources with Crisis (pre-Crisis)

Objective	Action Step	Who	When
To alleviate crisis before going to the Crisis Center	Review that Brown County crisis plans in all agencies are robust. Type of diversion.	Kimberly Review Crisis Form	Ongoing
Increase WRAP training	Educate- 211, less crisis calls Let provider know what crisis can/cannot do	NAMI Gathering Place- WRAP- Cheryl classes Crisis Center	One month BC Mental Health T.F. 211
SCOPE educated	Providers need to know SCOPE	Crisis Center & Co-support with Brown County	One year
More funding crisis	Keep employers- less hospitalizations Add peer services	Community S&P Meeting Brown County Crisis and other agencies	One year Soon

Resources

Competency Evaluation and Restoration

- SAMHSA's GAINS Center. *Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial*. http://gainscenter.samhsa.gov/pdfs/integrating/QuickFixes_11_07.pdf
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) Competency Courts: A Creative Solution for Restoring Competency to the Competency Process. *Behavioral Science and the Law*, 27, 767-786.
<http://onlinelibrary.wiley.com/doi/10.1002/bsl.890/abstract;jsessionid=5A8F5596BB486AC9A85FDFBEF9DA071D.f04t04>
- WA State Department of Social and Health Services. (2006). *Forensic Competency Evaluation and Restoration – Strategies to Minimize Waiting Period*.
<https://www.dshs.wa.gov/sites/default/files/SESA/legislative/documents/Forensic0606.pdf>
- Kigerl, A., & Hamilton, Z. (2016). Triaging Psychiatric Care: Risk Assessment Construction and Validation for Washington's Involuntary Treatment and Forensic Commitment Populations. *International Journal of Offender Therapy and Comparative Criminology*.
<http://ijo.sagepub.com/content/early/2016/02/03/0306624X16628237.abstract>

Crisis Response and Law Enforcement

- International Association of Chiefs of Police. *Building Safer Communities: Improving Police Responses to Persons with Mental Illness*.
<http://www.theiacp.org/portals/0/pdfs/ImprovingPoliceResponseToPersonsWithMentalIllnessSummary.pdf>
- Saskatchewan Building Partnerships to Reduce Crime. *The Hub and COR Model*.
<http://saskbprc.com/index.php/2014-08-25-20-54-50/the-hub-cor-model>
- Suicide Prevention Resource Center. *The Role of Law Enforcement Officers in Preventing Suicide*. <http://www.sprc.org/sites/sprc.org/files/LawEnforcement.pdf>
- Bureau of Justice Assistance. *Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions*.
https://www.bjatrainng.org/sites/default/files/naloxone/Police%20OOD%20FAQ_0.pdf

Data Analysis/Matching

- Urban Institute. *Justice Reinvestment at the Local Level Planning and Implementation Guide*.
<http://www.urban.org/publications/412233.html>

- The Council of State Governments Justice Center. *Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism*. <http://csgjusticecenter.org/corrections/publications/ten-step-guide-to-transforming-probation-departments-to-reduce-recidivism/>
- New Orleans Health Department. *New Orleans Mental Health Dashboard*. <http://www.nola.gov/getattachment/Health/Data-and-Publications/NO-Behavioral-Health-Dashboard-4-05-15.pdf/>
- Pennsylvania Commission on Crime and Delinquency. *Criminal Justice Advisory Board Data Dashboards*. <http://www.pacjabdash.net/Home/tabid/1853/Default.aspx>
- Vera Institute of Justice. *Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness*.
Fact Sheet: <http://www.vera.org/sites/default/files/resources/downloads/closing-the-gap-fact-sheet-2.pdf>
Full Report: <http://www.vera.org/sites/default/files/resources/downloads/closing-the-gap-report.pdf>

Information Sharing

- American Probation and Parole Association. *Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing*. <http://www.appa-net.org/eweb/docs/APPA/pubs/CRPHIPFIS.pdf>

Peer Support

- Involving Peers in Criminal Justice and Problem-Solving Collaboratives. <http://gainscenter.samhsa.gov/cms-assets/documents/62304-42605.peersupportfactsweb.pdf>
- The Impact of Forensic Peer Support Specialists on Risk Reduction and Discharge Readiness in a Psychiatric Facility: A Five-Year Perspective. http://www.psychosocial.com/IJPR_16/Impact_of_Forensic_Peer_Support_Raia.html
- Peer Support within Criminal Justice Settings: The Role of Forensic Peer Specialists. http://gainscenter.samhsa.gov/peer_resources/pdfs/Davidson_Rowe_Peersupport.pdf
- Overcoming Legal Impediments to Hiring Forensic Peer Specialists. http://gainscenter.samhsa.gov/peer_resources/pdfs/Miller_Massaró_Overcoming.pdf

Reentry

- SAMHSA's GAINS Center. *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison*. <http://gainscenter.samhsa.gov/cms-assets/documents/147845-318300.guidelines-document.pdf>

- Community Oriented Correctional Health Services. *Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies* <http://www.cochs.org/files/HIT-paper/technology-continuity-care-nine-case-studies.pdf>
- The Council of State Government's National Reentry Resource Center. <http://csgjusticecenter.org/jc/category/reentry/nrrc/>
- BJA's Center for Program Evaluation and Performance Management. <https://www.bja.gov/evaluation/program-corrections/reentry-index.htm>
- The National Institute of Justice's Offender Reentry page. <http://www.nij.gov/topics/corrections/reentry/pages/welcome.aspx>

Resources/Funding

- Justice Reinvestment at the Local Level Planning and Implementation Guide. <http://webarchive.urban.org/publications/412233.html>
- The Sustainability Curve. <http://gainscenter.samhsa.gov/cms-assets/documents/144667-141965.the-sustainability-curve.pdf>
- The Sustainability Checklist: Guidelines for Federal Grantees. <http://gainscenter.samhsa.gov/cms-assets/documents/190941-834517.sustainability-checklist-final.pdf>

Screening and Assessment

- SAMHSA. (2016). *Screening and Assessment of Co-Occurring Disorders in the Justice System*. <http://store.samhsa.gov/product/Screening-and-Assessment-of-Co-occurring-Disorders-in-the-Justice-System/SMA15-4930>
- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). Validation of the Brief Jail Mental Health Screen. *Psychiatric Services*, 56, 816-822. http://gainscenter.samhsa.gov/pdfs/jail_diversion/Psychiatric_Services_BJMHS.pdf

Sequential Intercept Model

- Munetz, M.R., and Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services*, 57, 544-549. <http://ps.psychiatryonline.org/doi/10.1176/ps.2006.57.4.544>
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). *The Sequential Intercept Model and Criminal Justice*. New York: Oxford University Press. <https://global.oup.com/academic/product/the-sequential-intercept-model-and-criminal-justice-9780199826759?cc=us&lang=en&>

- SAMHSA's GAINS Center. *Developing a Comprehensive Plan for Behavioral Health and Criminal Justice Collaboration: The Sequential Intercept Model*. <http://gainscenter.samhsa.gov/cms-assets/documents/145789-100379.bh-sim-brochure.pdf>

Trauma-Informed Care

- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. *Essential Components of Trauma Informed Judicial Practice*. [http://www.nasmhpd.org/docs/NCTIC/JudgesEssential 5%201%202013finaldraft.pdf](http://www.nasmhpd.org/docs/NCTIC/JudgesEssential%201%202013finaldraft.pdf)
- SAMHSA's GAINS Center. *Trauma Specific Interventions for Justice Involved Individuals*. <http://gainscenter.samhsa.gov/pdfs/ebp/TraumaSpecificInterventions.pdf>
- SAMHSA. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. <http://gainscenter.samhsa.gov/cms-assets/documents/200917-603321.sma14-4884.pdf>
- National Resource Center on Justice Involved Women. *Jail Tip Sheets on Justice Involved Women*. <http://cjinvolvedwomen.org/jail-tip-sheets/>

Veterans

- SAMHSA's GAINS Center. *Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions*. http://gainscenter.samhsa.gov/pdfs/veterans/CVTJS_Report.pdf
- Justice for Vets. *Ten Key Components of Veterans Treatment Courts*. <http://justiceforvets.org/sites/default/files/files/Ten%20Key%20Components%20of%20Veterans%20Treatment%20Courts%20.pdf>

APPENDIX INDEX

Appendix 1 Sequential Intercept Mapping Workshop Participant List

Appendix 2 Texas Department of State Health Services. *Crisis Services.*

Appendix 3 Corporation for Supportive Housing. *Jail Data Link Frequent Users: A Data Matching Initiative in Illinois.*

Appendix 4 Dennis, D., Ware, D., and Steadman, H.J. (2014). Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings. *Psychiatric Services*, 65, 1081-1083.

Appendix 5 100,000 Homes/Center for Urban Community Services. *Housing First Self-Assessment: Assess and Align Your Program and Community with a Housing First Approach.*

Appendix 6 Remington, A.A. (2016). *Skyping During a Crisis? Telehealth is a 24/7 Crisis Connection.*

Appendix 7 SAMHSA. *Reentry Resources for Individuals, Providers, Communities, and States.*

Appendix 1:

SIM Participant List

Name	Agency	Title or Position	Agency Address
Sharla Baenen	Bellin Psychiatric Center, Inc.	President	301 E. St. Joseph St. Green Bay, WI 54301
Martha Ahrendt	Greater Green Bay Mental Health Connection	Executive Director	c/o AFCS 130 E. Walnut, 54301
Althea Noukki	Brown County Human Services	Clinical Director/Psychologist	111 N. Jefferson St., Green Bay, WI 54301
Julie Feld	American Foundation of Counseling	Director of Outpatient Counseling	130 E Walnut Green Bay WI 54301
John Gossage	Brown County Sheriff's Office	Brown County Sheriff	2684 Development Drive Green Bay WI 54311
Dan Sandberg	Brown County Sheriff's Office	Patrol Captain	2684 Development Drive, Green Bay, WI, 54311
LT Phil Steffen	Sheriff's Office	Security LT-Jail Division	3030 Curry Lane Green Bay, WI 54311
Sharon Locklin	UW-Green Bay, Behavioral Health Training Partnership	Training Manager	2420 Nicolet Dr, RH310, Green Bay, WI 54311
Erik Pritzl	Brown County Human Services	Executive Director	111 N. Jefferson St., Green Bay, WI 54305
Tana Koss	Family Services	Division Director	300 Crooks Street Green Bay WI 54301
Lois Mischler	Family Services of Northeast WI, Inc	Vice President	300 Crooks Street Green Bay WI 54301
Paul Van Handel	Green Bay Police Dept	Community Police	307 S Adams St, Green Bay WI. 54301
Nancy Fennema	Brown County Human Services Department	Deputy Director	111 N Jefferson St Green Bay WI 54305
Michelle Timm	DOC, Division of Community Corrections	Correction Field Supervisor	200 N. Jefferson St., Suite 328, Green Bay 54301
Jessica Haines	DOC Probation & Parole	Probation & Parole Agent	200 N. Jefferson St, Suite 328, Green Bay, WI 54301
Cheryl Weber	JOSHUA (Justice Organization Sharing Hope and United for	Chair Mental Health Task Force	786 Hunters Run, Hobart, WI 54155
Heidi Selberg	Hospital Sisters Health System	Vice President	1726 Shawano Ave, Green Bay
Eliza Killian	Brown County Human Services	Clinical Intake AODA and MH	3150 Gershwin Drive, Green Bay, WI 54311

Debra Mason	St. Vincent's/St. Mary's Hospital	Social Worker	835 S Van Buren St Green Bay WI 54304
Kimberly Collins	Brown County, Community Programs	Behavioral Health Supervisor	3150 Gershwin Dr., Green Bay WI 54311
Josh Harkins	Brown County Community Treatment Center	Case Manager	3150 Gershwin Dr. Green Bay WI 54311
Mary Kay Tallier	DOC/DCC	Corrections Field Supervisor	200 N. Jefferson Street Ste. 201 Green Bay, WI 54301
Ian Agar	Brown County Human Services Outpatient Behavioral Health	Brown County Sex Offender Unit Behavioral Health Manager	3150 GERSHWIN DRIVE, GREEN BAY, WI 54311
Joseph Torres	Brown Co. Human Services	TAD/CJCC Supervisor	300 E. Walnut St. Green Bay, WI 54301
Antonia Nelson	Green Bay Myofascial Release Therapy, & Align Coaching and	owner	840 Challenger Drive, Green Bay, WI 54311
Bryan Hayes	Mental Health Court Participant	MH Court Participant	1720 WESTERN AVE # 3, Green Bay, WI 54303-9036
Craig Smith	Mental Health Court Participant	MH Court Participant	900 KARL ST, Green Bay, WI 54301
Lori White	Brown County Human Services	Case Manager Mental Health Court & Heroin Court	305 E. Walnut
Renee Ruiz	Brown County Public Safety	Assistant Director	3028 Curry Lane Green Bay, WI 54311
Rory Walter	No agency	Community resident	1343 Western Avenue, GB 54303
Richard A Bauer	The Gathering Place Inc	Certified Peer Support Specialist	1001 Cherry St., Green Bay, WI 54301
Jim Crawford	Health Board Member/Family Member	Health Board Member	5670 Ronk Road, Denmark, WI 54208
Kate Siebers	Aurora Healthcare	Behavioral Health Manager	1881 Chicago St DePere WI
Mandy suthers	DarJune	CEO/Founder	1301 s. Broadway green bay wi 54304
Melissa Kuhn	Community Member	Consumer	Green Bay
Neko Elizondo	Brown County Human Services CTC	Jail Liaison	3150 Gershwin Dr Green Bay WI 54311
Suzette Diederich	Brown County Human Services CTC	Behavioral Health Supervisor	3150 Gershwin Dr Green Bay WI 54311
Kamra Krueger	Green Bay Police Department	Officer	307 S Adams Street, Green Bay WI 54301

Jena Luberda	Green Bay Police Department	Officer	307 S Adams Street, Green Bay WI 54301
Hon. Donald R. Zuidmulder	Brown County Circuit Court Branch 1	Brown County Circuit Court Judge	100 S. Jefferson St., Green Bay, WI 54301